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POLICY

ANNUAL REPORT OF THE ADMINISTRATOR FOR 1990 AND PROGRAMME-LEVEL ACTIVITIES

Role of UNDP in combating HIV/AIDS: Policy framework for the response of UNDP to HIV/AIDS

Report of the Administrator

I. BACKGROUND

1. The human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) pandemic is different from other previous or current epidemics and other obstacles to human development. The magnitude of the pandemic, its inevitable toll on human life, the nature and speed of its spread and the social and economic place of those infected will create shock waves of consequences, impacting upon every aspect of human life: personal, communal, social, political and economic (see annex 1). The World Health Organization (WHO) estimates that, globally, one in every two hundred fifty adults is infected. Infection rates in some communities in Africa, Asia, the Caribbean and Latin America are significantly higher than 10 per cent of the adult population. In these places, human and community survival is already threatened and children, the elderly and other survivors have been left without support.

2. Human development will be placed in jeopardy and the nature of technical cooperation challenged and changed by this pandemic.

II. RATIONALE

3. The nature of the HIV/AIDS pandemic and its social and economic consequences demand a multisectoral and interdisciplinary response. Timely and effective action by the national and international community will require significant increases in human and financial resources and new and flexible programme and organizational approaches.

4. The HIV/AIDS policy framework outlined in the present document builds on and strengthens existing United Nations Development Programme (UNDP) HIV/AIDS policies deriving from Governing Council decisions, the WHO/UNDP Alliance to Combat AIDS, UNDP documents and directives and the resolutions and decisions of the General Assembly, the World Health Assembly and other organs, agencies and institutions of the United Nations system. It is supplemented by a more extensive policy document outlining strategies, strategic options and implementation arrangements for the guidance of the organization.

5. The HIV/AIDS policy framework also seeks to communicate and clarify UNDP responsibilities with respect to this pandemic within its area of competence and comparative expertise and within the framework of the Global AIDS Strategy. It will facilitate UNDP working relationships with other United Nations organizations, multilateral and bilateral donor organizations, national Governments, community-based organizations (CBOs) and non-governmental organizations (NGOs), both national and international. It will ensure that its resources and efforts reach people and their communities and assist Governments to respond effectively.

III. HIV/AIDS POLICY SETTING

6. UNDP has substantial responsibility within the United Nations system in the area of social and economic development and for the coordination of United Nations system programming. It carries these responsibilities also with respect to the HIV/AIDS pandemic. It has specific directives given to it by the Governing Council to:

(a) Increase awareness of the development implications of the pandemic (see decisions 90/9 of 23 February 1990 and 90/25 of 22 June 1990);

(b) Strengthen and expand the capacity of communities to respond to the pandemic (decision 90/9);

(c) Promote and assist prevention, care, support and treatment programmes for women (decision 90/25); and

(d) Assist Governments to develop effective multisectoral HIV/AIDS strategies and to minimize the devastating consequences of widespread infection (decisions 90/9 and 90/25).

7. The policy is to be consistent with the Global AIDS Strategy established by the WHO Global Programme on AIDS (WHO/GPA), with the principles established by the WHO/UNDP Alliance to Combat AIDS and within the framework of national HIV/AIDS programmes.

IV. LONG-TERM GOAL OF THE HIV/AIDS POLICY

8. The long-term goal of the policy is to assist communities, countries and regions to lessen the impact of the HIV pandemic through:

(a) Preventing further transmission of HIV/AIDS, in particular through behaviour change;

(b) Strengthening the coping capacities and strategies of affected individuals, families, communities, the private sector and Governments; and

(c) Developing multidisciplinary and multisectoral approaches to minimize the adverse social and economic consequences of the pandemic.

V. SHORT-TERM GOALS OF THE HIV/AIDS POLICY

9. By the end of the second year of implementation of the HIV/AIDS policy, it is expected that:

(a) Governments will have included in country programmes an analysis of the impact of the pandemic on the social and economic life of the country and on country programming priorities;

(b) Assistance will have been provided upon request for the development of multisectoral national strategies with their associated institutional arrangements in high-incidence countries;

(c) Innovative approaches, strategies and programmes at the community, national and regional levels will have been developed;

(d) Governments will have allocated over 80 per cent of the country indicative planning figure (IPF) budgeted for HIV/AIDS-related projects for community-based or community-oriented programmes;

(e) Training materials and a handbook on HIV/AIDS and development for use in the field offices will have been prepared and at least 10 workshops will have been conducted for UNDP, other United Nations agencies and government counterpart staff;

(f) A major input of United Nations Volunteers (UNV) specialists will be working in programmes supporting community-based and community-oriented initiatives where local expertise needs to be supplemented; and

(g) A personnel policy will be in place and personnel-related guidance, materials and training provided for all field offices and other units.

VI. PRIORITIES OF THE HIV/AIDS POLICY

10. Advocacy. UNDP will seek actively to increase awareness of the nature of the HIV/AIDS pandemic, of the complexity and seriousness of its impact on all aspects of economic and social development and of the need for urgent, effective action.

11. National Policy Development. UNDP will assist Governments to develop HIV/AIDS-related policies in areas of UNDP expertise and responsibility, to achieve a broad-based consensus on the urgency of the problem and the need for such policies, and to implement them.

12. Capacity-building. UNDP will provide assistance to Governments, CBOs, NGOs, private sector organizations, regional institutions and other groups to strengthen their capacity to plan, implement, monitor and evaluate effective HIV/AIDS-related programmes. Local expertise and local institutions will be developed, strengthened and extensively used in UNDP programme support.

13. Women. Priority will be given to measures to address women's needs for prevention, care, support and access to treatment, to reduce discrimination and trauma, to strengthen their ability to protect themselves from infection and to assist affected women to meet their child-rearing, domestic, and economic responsibilities.

14. Personnel. UNDP will institute a supportive and non-discriminatory HIV/AIDS personnel strategy with an associated extensive education and training programme.

15. Strengthening UNDP capacities. UNDP will strengthen its capacity to increase understanding throughout the organization of the changes the pandemic will make in the nature of technical cooperation; to facilitate the introduction of such considerations into policy dialogues and policy development; to respond to requests for financial, technical and other forms of assistance; and to increase the capacity of the whole donor community to work effectively and collaboratively.

VII. DELIVERY MECHANISMS OF THE HIV/AIDS PROGRAMME

16. Global programming. The global programme will aim at increasing the access of developing countries to HIV/AIDS-related scientific and social knowledge and will bring this knowledge to bear on problems of particular concern to these countries.

17. Interregional programming. The interregional programme will facilitate the development, application and utilization of new HIV/AIDS-related knowledge

and technologies in the developing world and the sharing between regions of effective strategies, interventions and policies. It will encourage multiregional cooperation to strengthen regional and national capacity to respond to the pandemic.

18. Regional programming. Regional HIV/AIDS programmes will seek to increase awareness of the developmental issues; to address regional issues; to identify concerns and approaches of common relevance to countries in the region; to develop, promote and exchange knowledge and experience, particularly through technical cooperation among developing countries (TCDC) modalities; to provide technical advisory services; to strengthen planning and monitoring capacities; and to explore new interventions and techniques that may subsequently be developed within country programmes.

19. Country programming. UNDP will place a high priority on enhancing the abilities of countries to respond to the pandemic during the next decade and beyond. It will assist governments in clarifying the relative attention to be given to this pandemic in relation to other strategic priorities and in ensuring full integration of the national HIV/AIDS plans into their overall national development policies and priorities. The country programme advisory notes, mid-term and annual reviews will include an analysis of the extent of the pandemic and its potential social and economic consequences so that the predicted multisectoral impacts can be addressed in programme decisions. Programme development will draw upon non-IPF sources of funding and human resources provided by UNV specialists, the Transfer of Knowledge through Expatriate Nationals (TOKTEN) and TCDC. CBOs and NGOs will be involved in the formulation and implementation of UNDP programmes and projects.

20. Special Programme Resources (SPR). The uniqueness and recent origin of this pandemic requires that SPR funds be used to develop new programme approaches, to identify effective interventions and to strengthen UNDP capacity to respond to requests for assistance.

21. Project design. In countries where the pandemic is widespread, both the likely effects of high HIV/AIDS incidence rates on the achievement of project objectives and the potential of projects to adversely affect HIV/AIDS programme objectives will be taken into consideration in the design of all projects.

22. HIV/AIDS-specific projects and project components. UNDP will finance programmes and projects directly relevant to achieving the policy goal. UNDP will work collaboratively with all the organizations of the United Nations system and all other donors, both multi and bilateral, to bring to bear the most appropriate technical expertise to the programmes and projects that UNDP may support. Whenever possible, priority will be given to national execution, including non-governmental execution, to implement HIV/AIDS-specific projects.

23. United Nations Volunteers. UNDP will actively involve UNV specialists in the design and implementation of activities aiming to strengthen community-oriented and community-based initiatives. UNV specialists will

participate and contribute to a wide spectrum of HIV/AIDS-related programmes in areas such as prevention, basic care, counselling and support for affected individuals, families and communities.

24. United Nations Capital Development Fund (UNCDF). Within the context of providing small-scale capital assistance to serve the most disadvantaged groups in the least developed countries (LDC), particularly in countries with a high ratio of infected population, UNCDF may provide financial assistance for productive and income-generating activities to support HIV/AIDS survivors, and for equipment or basic social infrastructure in support of HIV/AIDS prevention and care programmes. This assistance can take the form of either an HIV/AIDS- pecific project in coordination with interventions of other donors, or of HIV/AIDS-related components effectively integrated in the overall activities of a project.

25. Technical cooperation among developing countries. UNDP will support and encourage TCDC HIV/AIDS-related programmes aimed at promoting, developing and strengthening exchanges of experience, knowledge, expertise and technical resources among developing countries at regional, interregional and global levels.

VIII. COLLABORATION

26. Collaboration with the United Nations system. UNDP will seek technical and policy advice from WHO/GPA in all areas of its expertise and will participate actively in consultative mechanisms to facilitate inter-agency collaboration, both between UNDP and WHO/GPA and among all specialized agencies and organs of the United Nations system, including international financial institutions.

27. Donor coordination. UNDP will actively seek to (a) strengthen governments' capacities to ensure that multilateral and bilateral agencies and NGOs coordinate and, wherever possible, jointly programme their assistance at country level and (b) facilitate donor coordination at the regional and global levels. This is particularly necessary in view of the urgency of effective and timely responses and the high cost in human terms that would result from the neglect of this crucial function.

28. Resource mobilization. UNDP will actively assist in the mobilization of human and financial resources required for assistance to communities and governments.

IX. INSTITUTIONAL DEVELOPMENT

29. Training. A training programme and a field offices handbook on HIV/AIDS and development for use in the field offices will be developed and workshops conducted (see paragraph 9 (c) above) to ensure that UNDP, other United Nations agencies and government counterpart staff fully comprehend the

development dimensions of the HIV/AIDS pandemic and that they are able to perform the various advocacy, managerial, programming and coordination roles and tasks required to implement this policy.

30. Staffing. UNDP will assign staff, including HIV/AIDS and development specialists, according to need and within resource constraints, to ensure that the organization has the capacity to respond on an informed basis to requests for assistance. These will be placed at appropriate levels and locations within the organization. A full-time senior policy and programme adviser will be appointed at headquarters and will liaise closely with the HIV/AIDS focal points in the Division for Global and Interregional Programmes (DGIP) and the Regional Bureaux.

X. GUIDING PRINCIPLES FOR POLICY DEVELOPMENT

31. The policy issues surrounding this pandemic are complex and will change as the pattern and the impact of the pandemic evolves. Policies must remain responsive to this change and must be able to adapt creatively and constructively to meet the evolving needs. The following principles have been drawn up to assist and guide further programme and personnel policy development as well as its implementation:

(a) An integrated and comprehensive approach to this pandemic must be based upon an understanding of the way it affects personal, social and economic development;

(b) The coping strategies of communities must be central to the national response and community-based organizations will be instrumental in ensuring human survival, human rights and human development;

(c) Policies relating to HIV/AIDS must encompass and be accepted by all sectors in a society. Those affected by the pandemic should be involved in the policy dialogue;

(d) A proper balance must be found, over the course of the pandemic, among programmes for prevention, social support, research and development;

(e) Collaboration and coordination among all participants is essential for an effective national response.

(f) Programmes to succeed must take into account and explore each culture's ability to evolve and change in response to the challenge of the pandemic;

(g) The power imbalances in interpresonal relationships and in society which create women's subordination must change if women are to be able to protect themselves from HIV/AIDS infection and its consequences;

(h) Each individual has the responsibility to protect himself or herself from HIV/AIDS infection and to minimize further spread of the pandemic;

(i) The means of reducing the risk of HIV/AIDS transmission must be affordable by and accessible to everyone;

(j) The cooperation and trust of people at risk of HIV/AIDS infection must be established and maintained;

(k) HIV/AIDS testing must be carried out with the specific, informed consent of those being tested, with pre-counselling and post-counselling and with the guarantee of confidentiality;

(l) Confidentiality in relation to a person's HIV/AIDS status must be maintained;

(m) The rights of people with HIV/AIDS must be respected and those affected, including survivors, must remain an integral part of the community.

XI. MONITORING AND EVALUATION

32. The implementation of this policy will be monitored by the Bureau for Programme Policy and Evaluation (BPPE). The policy and its implementation will be reviewed internally within two years of its establishment. An external evaluation will be conducted after three years to assess the adequacy of the policy, the effectiveness of UNDP programmatic actions and the achievement of the indicators of success. The evaluation will bear in mind that the role of UNDP in achieving the objectives of this policy may be fulfilled through a variety of measures and not only by financial support.

Annex

THE HIV/AIDS PANDEMIC AND ITS CONSEQUENCES